

SCC eFile	2014 ANNUAL REPORT COMMONWEALTH OF VIRGINIA STATE CORPORATION COMMISSION	214515804				
<div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> <p>1.) CORPORATION NAME: RADISSON HOTELS INTERNATIONAL, INC.</p> <p>2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: CORPORATION SERVICE COMPANY Bank of America Center, 16th Floor 1111 East Main Street</p> <p>RICHMOND, VA</p> </div> <div style="width: 35%;"> <p>DUE DATE: 3/31/2014</p> <p>SCC ID NO: F0476137</p> </div> </div>						
<div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> <p>3.) CITY OR COUNTY OF VA REGISTERED OFFICE: RICHMOND CITY</p> <p>4.) STATE OR COUNTRY OF INCORPORATION: DE</p> </div> <div style="width: 35%;"> <p>5.) STOCK INFORMATION</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">CLASS</td> <td style="width: 50%;">AUTHORIZED</td> </tr> <tr> <td>COMMON</td> <td>1,000</td> </tr> </table> </div> </div>			CLASS	AUTHORIZED	COMMON	1,000
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COMMON	1,000					
<p>6.) PRINCIPAL OFFICE ADDRESS:</p> <p style="text-align: center;">ADDRESS: 701 CARLSON PARKWAY</p> <p style="text-align: center;">CITY/ST/ZIP: MINNETONKA, MN 55305</p>						
<p>7.) DIRECTORS AND PRINCIPAL OFFICERS: All directors and principal officers must be listed. An individual may be designated as both a director and an officer.</p>						
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; vertical-align: top;"> NAME: DAVID BERG TITLE: COB/P ADDRESS: 701 CARLSON PKWY CITY/ST/ZIP/CO: MINNETONKA, MN 55305 </td> <td style="width: 5%; text-align: center; vertical-align: middle;"> <input checked="" type="checkbox"/> </td> <td style="width: 40%; text-align: center; vertical-align: middle;"> OFFICER <input checked="" type="checkbox"/> DIRECTOR </td> </tr> </table>			NAME: DAVID BERG TITLE: COB/P ADDRESS: 701 CARLSON PKWY CITY/ST/ZIP/CO: MINNETONKA, MN 55305	<input checked="" type="checkbox"/>	OFFICER <input checked="" type="checkbox"/> DIRECTOR	
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NAME:	JAMES H. PETERSON	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VP - TAX		
ADDRESS:	701 CARLSON PKWY		
CITY/ST/ZIP/CO:	MINNETONKA, MN 55305		
NAME:	SUZANNE H. RIESTERER	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	CCO		
ADDRESS:	701 CARLSON PKWY		
CITY/ST/ZIP/CO:	MINNETONKA, MN 55305		
NAME:	ROBERT KLEINSCHMIDT	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	CFO/INVEST/SEC		
ADDRESS:	701 CARLSON PKWY		
CITY/ST/ZIP/CO:	MINNETONKA, MN 55305		
NAME:	GORDON MCKINNON	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	EVP		
ADDRESS:	701 CARLSON PKWY		
CITY/ST/ZIP/CO:	MINNETONKA, MN 55305		
NAME:	JAVIER ROSENBERG	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	EVP		
ADDRESS:	701 CARLSON PKWY		
CITY/ST/ZIP/CO:	MINNETONKA, MN 55305		
NAME:	PHILIP M. SILBERSTEIN	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	EVP		
ADDRESS:	701 CARLSON PKWY		
CITY/ST/ZIP/CO:	MINNETONKA, MN 55305		
NAME:	WILLIAM A. VAN BRUNT	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	ASST SECRETARY		
ADDRESS:	701 CARLSON PKWY		
CITY/ST/ZIP/CO:	MINNETONKA, MN 55305		
NAME:	VASSO ZOGRAPHOU	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	CFO - ASIA		
ADDRESS:	701 CARLSON PKWY		
CITY/ST/ZIP/CO:	MINNETONKA, MN 55305		
NAME:	SUSIE BYERS	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	701 CARLSON PKWY		
CITY/ST/ZIP/CO:	MINNETONKA, MN 55305		
NAME:	I. JENNY WINKLER	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	ASST SECRETARY		
ADDRESS:	701 CARLSON PKWY		
CITY/ST/ZIP/CO:	MINNETONKA, MN 55305		
I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.			
/s/ JAMES H. PETERSON	JAMES H. PETERSON, VP - TAX	3/25/2014	
SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	PRINTED NAME AND CORPORATE TITLE	DATE	
It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.			